

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (5-99)

1. CIR./DIST./ DIV. CODE CAN		2. PERSON REPRESENTED TIJERO, FRANCISCO		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER 4-08-70344-WDE		4. DIST. DKT./DEF. NUMBER		5. APPEALS DKT./DEF. NUMBER	
6. OTHER DKT NUMBER		7. IN CASE/MATTER OF (Case Name) UNITED STATES V. GUZMAN, ET AL.		8. PAYMENT CATEGORY <input type="checkbox"/> Felony <input type="checkbox"/> Other... <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Petty Offense	
9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Other... <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Aggriev		10. REPRESENTATION TYPE (See Instructions) CC			
11. OFFENSE(S) CHARGED (Cite U. S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense 21:841(A)(1), 846					
12. ATTORNEY'S NAME (First Name, M. I., Last Name, including any suffix), AND MAILING ADDRESS PATRICK D. ROBBINS 525 MARKET ST., STE. 15000 SAN FRANCISCO, CA 94105 Telephone Number 415-616-1210			13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Sub for Retained Atty. <input type="checkbox"/> P Subs for Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ Because the above-named person represented has testified under oath or has otherwise testified this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interest of justice so requires, the court appoints the attorney whose name appears in Item 12 is appointed to represent this case, OR (See Instructions) _____ Signature of Presiding Judicial Officer or By Order of the Court 6/25/08 Date Of Order Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO		
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) SHEARMAN & STERLING LLP 525 MARKET ST., STE. 15000 SAN FRANCISCO CA 94105					
CLAIM FOR SERVICES AND EXPENSES FOR COURT USE ONLY					
CATEGORIES (attached notation of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT
15. In Court					
a. Arraignment And/or Plea					
b. Bail And Detention Hearings					
c. Motion Hearings					
d. Trial					
e. Sentencing Hearings					
f. Revocation Hearings					
g. Appeals Court					
h. Other (Specify On Additional Sheets)					
(RATE PER HOUR =) TOTALS:					
16. Out Of Court					
a. Interview and conferences					
b. Obtaining and reviewing records					
c. Legal research and brief writing					
d. Travel time					
e. Investigative and other work (Specify on additional sheets)					
(RATE PER HOUR =) TOTALS:					
17. Travel Expenses (Lodging, parking, meals, mileage, etc.)					
18. Other Expenses (other than expert, transcripts, etc.)					
GRAND TOTALS (CLAIMED AND ADJUSTED):					
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature Of Attorney _____ Date _____					
23. IN COURT COMP. 24. OUT OF COURT COMP. 25. TRAVEL EXPENSES 26. OTHER EXPENSES 27. TOT. AMT. APPR./CERT.					
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER				DATE	28A. JUDGE/MAG CODE
29. IN COURT COMP.		30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.				DATE	34A. JUDGE CODE